

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Elisa Cabal (ARCH/Expanded ARCH) | CHAPTER 100.1 |
| Address: 228 Hookano Street, Hilo, Hawaii 96720 | Inspection Date: October 4, 2019 – Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #2, no two (2) step tuberculosis (TB) skin test.</p> | <p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I asked also my substitute to get a copy from of her TB skin test from her work place, Life Care Center, HI/0</p> <p>I obtain a copy of the step 2 TB test from my substitute & file it in my care home folder</p> | <p align="right">11/15/19</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #2, no two (2) step tuberculosis (TB) skin test.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future before I hired my substitute I make sure that they have 2 step TB skin test.</i></p> <p><i>I will make list of the requirements. like, 2 step tb test, CPR + FIRST AID, Physical Exam + the caregiver training.</i></p> <p><i>The substitute can not work for me w/out these completing the check list.</i></p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary care giver (PCG) – no current TB attestation.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Yes, I went to my Doctors office to get my Doctors to sign fill up & sign the TB attestation form.</p> | <p style="text-align: center;">10/6/19</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #2 and SCG #3 – no care giver training provided by the PCG to provide prescribed medications.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes</p> <p>I already trained my substitute how and filed it in my care home folder.</p> | <p>11/15/19</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, admission physician orders dated June 11, 2019 read:</p> <ul style="list-style-type: none"> • “Tylenol suppository 650 mg PR q4 hours prn pain” • “Dulcolax suppository q3 days PRN” • “Robitussin DM syrup 100/10 mg/5 ml 10 ml po” • “Triamcinolone 0.1% BID PRN rash” <p>However, medication/treatment orders were not transcribed on to the June 2019 medication record as made available to resident.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, October 2019 medication record reflected all "6:30 a.m." medications not initialed as administered on October 4, 2019.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, I already initialed in the MAR</i></p> | <p><i>11/15/19</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1, physician order dated June 11, 2019 and September 27, 2019 read, "nectar thick consistency." However, no order for thickening agent obtained until September 27, 2019. The use of a thickening agent was not documented on monthly medication/treatment record.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Yes, I already wrote it the MAR and initial daily</p> | <p style="text-align: right;">10/15/19 10/4/19</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1, no care giver training provided by the case manager to provide thickened liquids.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes</i> <i>Case manager came to trained up us how to administer thickening liquids</i></p> | <p><i>10/5/19</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG, SCG #1 and SCG #2, no continuing education. <u>Please complete twelve (12) hours of continuing education hours to be counted towards your 2019 annual inspection year.</u></p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Yes, all caregivers completed the 12 hrs continuing education</p> | <p style="text-align: center;">10/19/19</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS PCG, SCG #1 and SCG #2, no continuing education. <u>Please complete twelve (12) hours of continuing education hours to be counted towards your 2019 annual inspection year.</u></p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, I make sure I finished my 12 hrs continuing education and my substitute.</i></p> <p><i>my case manager come to train us.</i></p> <p><i>I will add it to my annual caregiver check list.</i></p> | <p>11/15/19</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1, admitted on June 16, 2019 – single step TB skin test administered on June 11, 2019 and read on June 13, 2019. No two (2) step TB skin test.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I already had a copy from Okutan veterans home, and filed it in resident folder.</p> | <p>11/15/19</p> |

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Licensee's/Administrator's Signature: Ensa Cobal

Print Name: ENSA COBAL

Date: 11/15/19